

Title _____ First Name _____ Last Name _____

Spouse/Partner Name (if this will be a joint gift) (optional):

Title _____ First Name _____ Last Name _____

Street _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____ E-mail _____

I wish to give a gift of:

\$25 \$36 \$50 \$100 \$500 \$1,000 \$2,500 \$5,000 Other: _____

Payment Method: Visa MasterCard Check *Please make check payable to USC Shoah Foundation

Credit Card Number

Expiration Date

Signature

I want my donation to be anonymous: Yes No

What communication promoted your donation? _____

Tribute Card Information (optional):

In Honor of In Memory of

Choose an occasion: _____

(Anniversary, Bar Mitzvah, Birthday, Graduation,, Thank You, Wedding, etc.)

Full name: _____

Please notify the following person(s) of my gift:

Title _____ First Name _____ Last Name _____

Street _____

City _____ State _____ ZIP _____

Sign Tribute card from: _____

Tribute card message: _____

Please send your generous contribution to:
USC Shoah Foundation
The Institute for Visual History and Education
University of Southern California
Office of Advancement
1150 S. Olive St., 24th Floor
Los Angeles, CA 90015

If you have any questions, please contact:
Nick Kennedy
Assistant Director of Annual Giving
(213) 740-5632
nickkenn@usc.edu

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